

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014571

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

Registration District No. 72Primary Registration District No. 4134Registrar's No. 72

FILED APR 24 1962

1. PLACE OF DEATH

a. COUNTY Clayb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN SmithvilleLength of stay in 1b
1 Weekc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Smithville Community HospitalInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Plattec. CITY
OR TOWN Platte CityInside Limits
Yes ☐ No ☒d. STREET ADDRESS 5 miles East of Platte CityReside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

CharlesCollinsFarmer4. DATE
OF DEATH

Month

Day

Year

April18,1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-13-1878

9. AGE (last birthday)

83

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer10b. KIND OF BUSINESS OR INDUSTRY
Farm11. BIRTHPLACE (City and state or country)
Cass County, Mo.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Harrison Farmer

13b. MOTHER'S MAIDEN NAME

Mary Herndon

14. NAME OF HUSBAND OR WIFE

Molly N. Farmer15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Geo. V. Farmer Platte City, Mo.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral ThrombosisINTERVAL BETWEEN
ONSET AND DEATH10 minConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Generalized Arteriosclerosis4 yrs.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1956 to April 18, 19625 45 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.and last saw him alive on April 17, 1962

22a. SIGNATURE

(Degree or title)

David B. Phillips M.D.

22b. ADDRESS

Smithville, Mo.

22c. DATE SIGNED

4-18-6223a. BURIAL, CREMATION,
REMOVAL (Specify)Removal

23b. DATE

4-18-1962

23c. NAME OF CEMETERY OR CREMATORY

Platte City Cemetery Platte City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Tommy R. Rollins Platte City, Mo.

25. DATE RECD. BY LOCAL REG.

4-18-62

26. REGISTRAR'S SIGNATURE

Marguerite Henderson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Larry R. Rollins

Licensed Embalmer No. 5110

P. O. Address Platte City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.